

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT***Complete if Known*

|                        |                      |
|------------------------|----------------------|
| Application Number     | 10/748,959           |
| Filing Date            | 12/30/2003           |
| First Named Inventor   | Barzegar, Farhad     |
| Group Art Unit         | 2619                 |
| Examiner Name          | Moutaouakil, Mounir  |
| Attorney Docket Number | 2003-0009 (1014-053) |

(use as many sheets as necessary)

Sheet 1 of 1

**PUBLISHED U.S. PATENT DOCUMENTS**

| Examiner Initials | Application or Patent Number | Name of Applicant or Patentee | Date of Publication |
|-------------------|------------------------------|-------------------------------|---------------------|
|                   | 6292840                      | Blomfield-Brown               | 18 September 2001   |
|                   | 2004/0032860                 | Mundra                        | 19 February 2004    |
|                   | 2001/0005379                 | Pickett                       | 28 June 2001        |
|                   | 2005/0015259                 | Thumpudi                      | 20 January 2005     |

**NON-PUBLISHED U.S. PATENT DOCUMENTS**

| Examiner Initials | Application Number | Name of Applicant | Filing Date      |
|-------------------|--------------------|-------------------|------------------|
|                   | 10/748,958         | Mollica           | 30 December 2003 |

|                    |  |                 |  |
|--------------------|--|-----------------|--|
| Examiner Signature |  | Date Considered |  |
|--------------------|--|-----------------|--|

<sup>1</sup> EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number. <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.